

ccess DB

45436

SEARCH REQUEST FORM

Scientific and Technical Information Center

Requester's Full Name: _____ Examiner # : _____ Date: _____

Requester's Name _____ Art Unit: _____ Phone Number 30 _____ Serial Number: _____
Mail Box and Bldg/Room Location: _____ Results Format Preferred (circle): PAPER DISK E-MAIL

If more than one search is submitted, please prioritize searches in order of need.

Please provide a detailed statement of the search topic, and describe as specifically as possible the subject matter to be searched. Include the elected species or structures, keywords, synonyms, acronyms, and registry numbers, and combine with the concept or utility of the invention. Define any terms that may have a special meaning. Give examples or relevant citations, authors, etc. if known. Please attach a copy of the cover sheet, pertinent claims, and abstract.

Title of Invention: _____

Inventors (please provide full names): _____

Earliest Priority Filing Date: _____

For Sequence Searches Only Please include all pertinent information (parent, child, divisional, or issued patent numbers) along with the appropriate serial number.

rec-808

STAFF USE ONLY.

Searcher: D. Wickens

378-474D

Searcher Phone #: 308 477-0
1677

Searcher Location: ICU

Date Searcher Picked Up: 6-20

Date Completed. 6-39

Searcher Prep & Review Time: 3

Glucose Brain Tissue:

Clinical Prep Time _____

Online Time: _____

Type of Search	Vendors and cost where applicable
NA Sequence (#)	STN _____
AA Sequence (#)	Dialog _____
Structure (#)	Questel/Orbit: _____
Bibliographic	Dr. Link _____
Litigation	Lexis/Nexis _____
Fulltext	Sequence Systems <u>3</u> _____
Patent Family	WWW/Internet _____
Other	Other (specify) _____